Tuesday/Public Health Continued.

Time	Consultant	Subject
10:00am	Dr.Ziagul/MCH IAHC/Ghazni(F)(1)	The advantages of following sanitary rules in family life.
10:20am	Dr.Shafiqa (F)(1) P.H.D Ghazni(2)	Information regarding women's role in the prevention of diseases by following sanitary rules.
10:40am	Dr.Nafisa (1)(F) P.H.D Ghazni(2)	The role of parents in the promotion of their children's education level in order to keep sanitary norms.
11:00am	Refreshment	
11:15am	Mahmadulla Tahmas P.H.D Ghazni	Non-observance(lack of facilities) to sanitary rules that results in post-operative complications (both superficial and deep).
11:35am	Dr.A.Wahid P.H.D Ghazni	Spread of diseases in children and adults in different season of the year in different parts of Ghazni with reference- - education level.
11:50am	Eng.Mohd Rabi Amaj (I.A.H.C)	The ecological illustration of researches made by UN/ IAHC and other agencies/affluence effects sanitation(sanitation - saves expenses).
12:35pm	Video Film	FOR WANT OF WATER
	Slides	BREAST FEEDING
1:00pm	Consultation	
2:00pm	End	

1. F stands for FEMALE, lady doctor.
2. P.H.D stands for PUBLIC HEALTH DEPARTMENT

INAUGURATION

1. SATURDAY (OPENING) 16.10.93

PARTICIPANTS

1. All IAHC members of the mission
2. The director of Ghazni Public Health Dept + all Medical Staff
3. The director of Mass-media (Radio/TV/Newspaper)in Ghazni
4. The director of Education Dept in Ghazni.
5. General supervisor of IAHC projects in Ghazni.
6. Representatives of the nearby villages.
7. All IAHC staff in Ghazni(Medical/Physio/Agriculture)
8. A leading Mowlavi as the representative of the people.
9. Other volunteer participants interested in the program.

OPENING OF THE WORKSHOP

At 1:00 am the program started. It began with recitation of the Holy Quran by Mawlavi Shirjan. After that Dr.Khashi,the director of Public Health, gave the opening speech giving a short account of IAHC activities in Ghazni. He appreciated IAHC's undertaking the medical workshop,which he considered the first scientific gathering in the past 14 years in Ghazni. He thus earnestly desired the maintenance of cooperation between IAHC and P.H.D Ghazni. He hoped for the continuation of such useful programs.

Dr.Haqani,in his speech explained the need of the medical workshops and their positive role in the identification and solution of specific regional problems. Regarding the present situations in Afghanistan,he called the organization of scienti -fic gatherings the best way to enlighten the young educated class,who would have the most important role in the reconstruct -ion of the country.

He explained that the reorganization of social affairs by scientific methods was the essential need of the day, which

would have a lot of advantages in the future. He added that throughout the workshop,it would be possible for the participants to exchange ideas and new information,the one that might be useful for the reconstruction and rehabilitation of the country.

Dr.Abdul Ahad Hujjat, former incharge of malaria program in Ghazni at province level,but now the incharge of malaria program in Ghazni hospital,in his speech appreciated IAHC's diligence in the establishment of the workshop in Ghazni after such a long delay. Dr.Hujjat has had forty years of experience in the program. In contrast to the past(Before 1978) he said that the period of delay and stagnation of scientific activities had been a heavy stroke on the Afghan Nation and their progress. He thus pointed out the advantages of the workshop as being a good opportunity for an exchange of scientific information and a proper occasion to seek the solution for certain medical problems.

Dr.Mahtab Fuje, a lady doctor,on her turn and on behalf of all female doctors,offered her best thanks to IAHC for its undertaking the workshop,which she called to be an appropreiate measure after the past 14 years of war that would help to overcome and manage the current medical problems. She added that the workshop was actually a good opportunity for women to struggle along with their fellow doctors(men) to cope wp with the health problems existed in the area.

She also regretted the long delay in scientific gatherings in the field of medicine.

The meeting ended by 12:00 and the participants were lead to the next room for refreshment.

* * *

Sunday 17.10.93

Chairman : Dr.Khashi

Announcer: Mohd Saeed

Topic : Malaria (The main points were declared)

Dr.Amir Mohd(IAHC)gave a comperhensive description of the disease(malaria).

- Dr.Hujjat offered essential information based on his 40-year experience in malaria control program, detailed as follows:

According to the survey of 1960 in Ghazni, he pointed out the endemic areas in and out of Ghazni province.

According to the survey of 1970 and 1972,the focal points of malaria as he said were identified as being Qarabagh and Khwaja Omari. He thus explained malaria's means's of Transmission.

He thus explained(in details)the measures taken by the Dept of Malaria in 1972 and 1972 in Ghazni. i.e. raising Gambosia (fish) and distributing them to all the provinces in the country. Protective measures taken used to begin before June every year.

He also explained and regretted the unexpected increase of the vest(anophel),prevalence of the disease and Ghazni getting the endemic area. He added that the formation of ponds by natural and un-natrual means has contributed to the increase of malaria or in fact to the occurrence of the episode.

The frequentation of local residents to and from neighboring areas and countries(Pakistan/Iran) has raised the level of trans -mission.

Owing to the absence of basic laboratories,the doctors mostly prescribe symptomatic medicines, which helps the parasite to become resistant and easily travel between host and vest. Therefore the level of transmission goes up.

Improper treatment given by MLHWs in villages in improper doses and defective treatment procedure(without considereing the negative consequences)has developed resistance in microbes and parasites to certain drugs. He blamed the charity institutions for training low and mid-level health workers. The health workers don't know the limits of medication. Instead of helping they cause trouble and offecnce to the poor people.

In order to prevent or even decrease malaria episodes,Dr.Hujjat suggested the following measures:

-Rehabilitation of malaria program in its real meaning;

-Establishment of numerous laboratories in various areas of Ghazni to take/test the blood and confirm the disease.

- Systematic diagnosiis and treatment;

- Follow up phase

- Re-establishment of preventive organs;

- Co-ordination of all health centres/other organs such as munici-pal corporation;engineering departments and education centres in the eradication of potential contributors to malaria increase.

Dr.Noori

Doctor Noori of IAHC presented a detailed report of IAHC AND WHO's researches with the main points as follows:

- Malaria has spread all over the country.(Afgh)

- Absence of preventive programs;

- Malaria increase is considered one of war's negative consequ-ences

- Description of potential preventive measures,fulfilled with the assistance of local people was given;

- Role of coordination among all organizations in the prevent-ion of malaria was explained;

- Role of preventive measures in the control of malaria;

Dr.Nasrat

Dr.Nasrat explained the following points:

- Negative consequences of improper treatment which leads to chronic malaria and wide-spread;

- Negative consequences of the case when follow up phase is ignored;

- Improper treatment a means of resistance to common and cheap drugs(Chloroquine);

- Absence of systematic registration for patiencts suspected of having malaria/its negative outcome;

- Negative consequences of private health clinics by MLHWs trained in Pakistan for a short period;

- Distribution of medicine with insufficient doses by non-med-ical businessmen;

- Negative outcome of anti-malaria and anti-biotics with improper doses.

- According to Dr.Nasrat's explanations malaria seemed to be more common in men than in women. The cause as he said might be men's currect tours to many places/cities etc .

Mohd Naeem (IAHC lab.technician in Ghazni)

- Presented a statistical data of patients referred to IAHC laboratory in Ghazni city.

Dr.Muneer Ahmad Zai raised the following points:

- The IAHC laboratory being identified efficient.

- The declaration of the LOCAL COUNCIL for the closure of all private laboratories in the morning time and having patients go to IAHC laboratory for blood test and treatment. It is open from 8:00 am to 4:00 pm.

- He explained the possibility of establishing statistical researches into malaria based on IAHC lab.register to find the percentage of cases,types etc of malaria.

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DIARRHOEA

Monday 18.10.93 (3d day)

Topic : Diarrhoea (Main points were read out)

Chairman : Dr.A.A.Hujjat

Announcer: Mohd Saeed

Dr.Noori (IAHC)

Presented comperhensive information on the diseases that cause diarrhoea/ electroyte balance in children ....(Analytic explanat -ion)

-Poor sanitary conditions and personal hygiene + their role in the increase of diarrhoea.

Dr.Haidari (Ghazni)

-The increase of amoebic diarrhoea in Ghazni.

-The use of contaminated food/vegetables etc sold in the markets has been the main factor of the rising increase in diarrhoea.

-Absence of health education for the public.

Dr.Mahtab Fuje (Lady Doctor from Ghazni)

-Improper feeding habits of mothers who breastfeed babies.

-Non-observance to sanitary rules in bottle feeding.

-Illiterate mothers are unable to keep sanitary norms which result in the increase of diarrhoea.

-Dr.Ziagul (Incharge of IAHC/MCH program in Ghazni)

-Proper rules of rehydration ORS and IV fluids.

-Types of diarrhoeas/diarrhoea and bacillary dysentery are more common.

Dr.S.Farid Abdal (Ghazni)

-Presented the current treatment techniques in Ghazni.

-Proper routine of rehydration according to body weight.

Dr.Faqiri (Public Health Dept Ghazni)

-narrated a recent spread of GIT problems(in Sept 93)in Ghazni.

-Problems of the medical staff within the treatment of patients with GIT problems.

-Absence of an equipped laboratory,clean rooms and proper medicine for patients with GIT problems/lack of treatment aids/proper care by the government for GIT patients.

-the use of contaminated water in Ghazni/recurrent diarrhoea.

-percentage of GITcases due to either clean,partly contaminated and totally contaminated water taken from Karezes(spring water).

Dr. Mohd Arif Nida(P.H.D. Ghazni)

Dr.Nida said that the hospital got a long without any proper re -gistration for patients. He added that the unfortunate procedure had created a lot of problems for them.He explained that without having accurate records of information on patients,their history lab.resuts,clinical and paraclinical examination,it was difficult for them to prepare valid statistical notes on the hospital act- ivities, or on the patients who came to the various services of the hospital for treatment.

With reference to this problem, Dr.Nida suggested that the registration system be renovated in the hospital. He confirmed his suggestion by saying that the renovation of the system was the pressing need of the hospital.

He said that the lack of clean drinking water in the area was the main cause of the rising number of all types of diarrhoea; however he said that he has had a little experience in the treat -ment of NEUROPSYCHIATRIC diarrhoea withing yongsters. The cases he said were neither viral nor bacterial.

He thus backed up the declaration of other doctors saying that most foodstuff such as oil,floure etc were either contaminated admixed or expired.

PUBLIC HEALTH/Sanitation

Tuesday 19.10.93

Chairman : Dr.Nafisa,(a lady doctor)
Announcer : Mohd Saeed
Topic : Public Health/Sanitation

Main points were announced

Dr.Khashi (Public Health Director Ghazni)

-Repeatedly thanked IAHC for its undertaking the workshop;

-Regretted the absence of sanitary functions in Ghazni;

-Absence of coordination among government departments in keep -ing sanitary norms;

-Explained the relation between sanitation and wealthiness/ richness and prosperity of a family;

-He regretted the 14-year delay in the fulfilment of sanitary obligations;

He thus pointed to his devotions to sanitary obligations,in the past while he was a doctor in Badghis province in 1975. He thus clearly mentioned his dedication to health education at that time in public Centers such as schools,mosques and social gatherings. Over the past three months of his work he said that he had conducted a conference in the field of public health in Ghazni city; in one of the city schools. He also mentioned his contact with NCA(Norvagian Committee for Afg) and its EPI program already at work in Ghazni civil hospital. He added that if the public health department received financial support he would be ableto rehabilitate 12 health centers in 12 rural districts.

- In his explanation about the service of MLHWs he called it a danger for the people as they had always acted as graduate doctors with having very little knowledge they had gained through their short term training session in Pakistan. Their function as graduate doctors,he said had resulted in the resist -ance of parasites and microbes to certain drugs.

- He said that 95% of patients from central Afghanistan had been suffering from T.B. .

- He regretted the absece of a good office that was supposed to control all activities that were identified as being contrary to sanitary rules.(He indirectly addressed municipal corporation)

- He thus regretted the supply of tainted food stuff in the stores(especially vegetables)and absence of clean water.

He also referred to his late contract with WFP for getting some supplies of wheat to provide food for needy people in Ghazni.

He finally suggested to IAHC for help to promote the health cond-itions of people in Ghazni province.

Dr.Amir Mohd (IAHC)

-He gave a short explanation of personal hygiene and sanitation.
-He explained the role of sanitation in the prevention of diseas-es.
-He warned the audience of the possible dangers resulting from the negligence of sanitation.

Dr.Suraya(F) Ghazni PHD

-Gave an explanation of current living conditions in Ghazni, a poverty and ignorance stricken society.

-Women's ignorance,especially of health education has formed the basis for their not following the sanitary rules. This is the main cause that inflict the recurrent diseased conditions on both asults and children.

-Dr.Suraya regretted the absence of public health activities and health education for local people.

-She explained the negative results of mixed life of men and animals in families.

-She thus compared an educated family with an un-educated one , regarding the recurrence of health problems.

Dr.Zia Gul (MCH/IAHC/Ghazni) (F)

-The role of sanitation and personal hygiene in individual and social life.

-How a mother with health education can save her children's well-being.

-Health education is a great need for mothers regarding health care for their children.

-The role of a mother with health education in training female children in her family.

-Promotion of the level of knowledge of male/female children is a priority/they are the parents of tomorrow.

F stands for female.

PHD stands for Public Health Dept.

PREPARATION

Subject	:	Malaria, Diarrhoea, and Public Health
Conducted by	:	The Islamic Aid Health Centre (IAHC)
Starting Date	:	16.10.93
Ending Date	:	20.10.93

From Sociao-political point of view,1993 has been an unsuccess -ful year for Afghans and is likely to continue and remain the same. The inauspicious conditions suppressed MTC program as well. The first part of the workshop including preparation, editing, translation and reproduction of materials with relevant visual aids, such as slides, video films + other requisites were complet -ed by the end of August 1993. The materials prepared are as follows :

1. Malaria

- A 26-page lecturenote was prepared on Malaria;
- 50 copies of the lecturenote were made for distribution to participants;
- A booklet with 26-page documentary explanation of 48 malaria slides (Talc England) was translated into Farsi and Pashto;
- 50 copies of the translation were made for distribution.
- A video cassette of malaria program in India,Sudan and Thailand was provided.(The cassette include information malaria and society,culture and sanitary conditions, transmission of the parasite from mosquito to man, the signs and symptoms of chronic stage, diagnosis and prevent -ive measures).

-Information on preparing health foods for children by mothers + training young girls to prepare such foods.

-Mentioned her personal experience in children with diarrhoea and the way she treated them.

-Bacillary dysentary is common in summer in Ghazni.

-Drinking water and diarrhoea are directly related.

-She explained the negative consequences of the war ; such as poverty & affection with various diseases.

-Shafiqa a lady doctor

-Information on the necessity of health education for mothers a[illegible] the advantages of such training in the prevention of diseases, especially diarrhoea.

-The negative consequences of using unclean vegetables, food etc they are the main causes of GIT problems.

-Ignorance of local community of sanitation.

-Lack of facilities for the sterilization of dressing and surgical instruments in the civil hospital of Ghazni.

-Health education is a priority for the public.

-Filling of ponds/ditches,inlets of waste water is an urgent need .

-Recommended home visits for giving women health education + showing mothers ways of bottle feeding.

-Dissimination of health education in community centers,organ--ized by medical cadre is a great need.

Dr.Nafisa (P.H.D Ghazni)

-Positive effects of parents' education upon their children's well-being.

-Differential percentages of affection of diseases in children whose parents have elementary education and children whose parents have no education.

-Her experience as a lady doctor,she said,has shown that the spread of disease in young children is relevant to the parents' level of knowledge.

Dr.Mahmadullah Tahmas

-gave a regretful description of the insalubrious and dirty surgical Ward of their hospital.

-also gave another regretful description of the imperfect sterili-zation system and the use instruments without being sterilized.

-mentioned lack of facilities for post-operative care.

-gave a short history of the hospital as it had not ever been repaired and equipped for years.

-gave a regretful explanation of the situations,in which the doctors and hospital at the time were unable to carry out even very simple surgical operations which could have been very urgent and essential.

-narrated numerous post-operative complications as a result of improper sanitation.

-Proposed supply of urgent and multi-farous assistance in order to rehabilitate the hospital,especially the surgical ward.

Dr.Abdul Wahid

-gave percentage of children and adults affected by different dis-eases in different seasons of the year,in different areas of Ghazni with reference due to the levels of their education.

Engineer Mohd Rabi Amaj(IAHC)

-explained the results of ecological study of IAHC medical reseaches and the role of sanitation in the economy of a family. The research was fucussed on 30151 patients in Ghazni.

-introduced the following facts and figures:

-out of the above number 0.91% are malaria patients;
-total diarrhoea cases 12.83% and out of this percentage 27% are children between zero and four years;11% are children between 5 and 14 years; it was clear that the problem was closely related to poor sanitation and personal hygiene.

-total income per year per member of a family is about US $ 110.

-Ignorance of sanitary rules is one of the negative consequences of deprivation and poverty.

-conclusion of the comparative study of families who follow sanitary rules and those viceversa.

- Families with ignorance of sanitation pay extra 15 % of their income for buying medicine. If they followed sanitatary rules, they could save 10 % of their expenses.

- Sanitary conditions are unfavourable in Ghazni city and also in the villages. In the instance Eng.Rabi Amaj added that sanitation in the city and villages has gone worse from time to time due to ignorance, so drinking water, which is a major problem today, deserves more careful attention. For example, in both city and village areas the sewage is allowed to pour in the river or ditches and the rubbish is either thrown into the streams or piled in improper places,whereas people living farther down the river or stream take the same water for drink -ing and washing the dishes.

- Traffic on the other hand,is a major problem in the city with gravel streets. It is counted a great threat to the salubrious atmosphere of the city. During the day a lot of dust and pollut -ion is caused by the trailers moving to and fro and the dust remains for hours even after the sun goes down.

- The blockage of the drainage system built long ago in Ghazni city and the absence of ventilated pit latrine system in both city and village areas are the biggest problems that contribute to the outbreak of diseases and increase of pests in the summer.

* * *

The Evaluation and Conclusion of the Workshop

As mentioned before the fifth day of the workshop had been determined for the evaluation of the workshop and distribution of the certificates.

The meeting as usual began at 9:00am. After an introductory speech by the announcer,the participants set the discussion about the current conditions in Ghazni Province with relation to MALARIA DIARRHOEA and PUBLIC HEALTH and raised the following points:

1. Dr.Khashi (The Health Director)

-Dr.Khashi gave a short account of the workshop and its achievements.

-He explained that the workshop had been a good opportunity for an exchange of ideas,useful information and valuable experience.

-He proceeded with a statement which said that IAHC and the P.H.D of Ghazni were supposed to seriously consider the following actions:

a. The civil hospital should be repaired by the P.H.D Ghazni.

b. IAHC is requested to continue its cooperation(despatch of medical Aids)with P.H.D Ghazni and expected further and effective extension of the aids.

c. He also mentioned his latest contacts with N.C.A(Norwegian Committee For Afghanistan).

Dr.Abdul Ahad Hujjat the incharge of malaria program in Ghazni,

offered his great thanks to IAHC for undertaking the workshop and proposed the following items:

a. Registers are needed for recording in order to keep track of patients and investigate the changes or cases contrary to normality. Keeping records will help us to undertake useful researches.

b. Establishment of laboratories in various points in order to prepare slides of patients suspected of malaria and treat them according to the lab-results.

c. Close contacts among health centers in order to coordinate activities.

Dr. Mahtab a lady doctor and incharge of obstetrics;

After expressing her gratitude to IAHC for undertaking the

workshop(on malaria,diarrhoea and public health). She considered the workshop a good opportunity for discussion and exchange of valuable information through which every participant gained useful experience. She suggested the following items:

a.The extension of IAHC's MCH program(if possible).

b.Regretted the lack of maternity service in Ghazni.

c.On behalf of all female doctors, she announced their preparation for voluntary service in MCH and health education programs if established in Ghazni.

At the end of the meeting Dr.Haqani,on behalf of IAHC mission expressed as follows:

-his sincere gratitude to all the participants and Ghazni people.

-gave a short account of the achievements of the workshop.

Described IAHC medical assistance to Ghazni civil hospital and to the areas around. He declared as follows:

-IAHC will try to provide 30 beds for in-bed ward if the P.H.D succeeds to repair the hospital properly.

-IAHC will be able to train two groups of (each consists of two) technicians in their MTC laboratory if the malaria department of the hospital succeeds to make a mobile laboratory(collecting slides)and make the program a success.

-IAHC has already provided a water pump for the hsopital,because the water supply of the building had been completely out of func -tion. The P.H.D promised to repair the water system.

-He promised to provide registers for the hospital in order to keep accurate records of patients. Registers he said will help to collect useful statistical information .

-If the P.H.D and N.C.A succeed to establish the EPI program,IAHC will be happy to cooperate with them or co-ordinate its activities with theirs, and donate gas-fridges for the program.

-He declared that if the P.H.D and the citizens of Ghazni dig drinking water wells in different points of the city and pave or cement their orifices,IAHC will be able to provide manual pumps for them.

-He announced that according to the pressing need of the citizens IAHC will elevate its MCH program(in Asphendai village)to a maternity hospital level.(All female doctors welcomed this annouce -ment and promised to co-operate earnestly .)

At the end of his speech, Dr.Haqani on behalf of the IAHC mission expressed his gratitude to all the P.H.D staff and all citizens of Ghazni for their hospitability and regretted the lack of favourable conditions (transport,security during the night and the lack of proper restaurants) for a final invitation that IAHC was supposed to give to the workshop participants. Instead , IAHC preferred to pay a sum of 5000Afganis in cash(equivalent to 100 PAK Rupees) as food allowance to each participant enclosed with the certificates.

After the final speech, the certificates were distributed and the Ending Prayer was offered by one of the Mawlavis.

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IAHC QUESTIONNAIRE

[redacted] (IAHC prepared questionaire for the evaluation of the workshop.)

Dear Dr.Zia Gul:

You are kindly requested to express your idea about/state your objection(s) to the procedure of the workshop(malaria/diarrhoea and public Health) and explain how you evaluate it.

Date Started	Date Ended
24.7.1372	28.7.1372

Answer:

We are thankful for you. The workshop was very useful and educating; very beneficial and effective to health care of people in Ghazni. On the other hand it produced a sense of cooperation among all health workers/made us pay more attention to our duties.

It will be more practical if workshops are held in comparatively shorter intervals in Ghazni. I suggest T.B. and Typhoid for next workshops because these two diseases are increasing. In contrast to past T.B. patients are more than they were two years ago. During my work period in Asphendai clinic in Ghazni,I have met a lot of T.B. cases. In this village(Asphenai)T.B. patients in a family are more than just one.

I thus suggest sanitation/drinking water and vaccination for the next workshops,because prevention is better than cure. Your atten -tion to my suggestions will contribute to the decrease of certain diseases.

تحریر دوکتوران : ضیاء گل . . .

روزنامه صحت خوش میشود که نظریات و انتقادات خودرا درباره تشکیل - جدیات و
خاتمه ورکشاپ طبی (ملاریا - اسهالات و حفظ الصحه) تحریراً به روزنامه نمایید تشکر

تاریخ شروع سیمینار : - ۲۴ - میزان - ۱۳۷۲ ختم سیمینار ۲۸ - میزان - ۱۳۷۲

محترما !

با ابراز تشکر به سیمینار که طی چند روز [illegible] تشکیل گردیده است بسیار خوب - آموزنده
و مفیدتر برای داکتران ما و مخصوصاً در ولایات [illegible] (ولایت غزنی) بوده است .
از داکتران سیمینار مذکور حسن همکاری را [illegible] ختم سیمینار واقع در ولایت غزنی تقویت خواهد
شد [illegible] مسئولین [illegible] مسئولیت های خویش خواهند کرد .
هرگاه همچو سیمینار های دیگر در [illegible] در ولایت غزنی دایر گردد
[illegible] خوب خواهد بود . مخصوصاً در مورد امراض چون T.B
و [illegible] Typhoid که شیوع این [illegible] (امراض) در ولایت غزنی به تناسب سال
های [illegible] بیشتر دیده شده است .

(MCH)
[illegible] (کلینیک صحت طفل و مادر) تعداد
[illegible] در طول سال در حد اکثر
[illegible] T.B
[illegible]

Questionaire:(IAHC prepared questionaire for the evaluation of the workshop).

Dear Dr.Mohd Arif Nida:

You are kindly requested to express your idea about/state your objection(s) to the procedure of the workshop(malaria,diarrhoea and public health) and explain how you evaluate it.

Starting Date	Ending Date
24.7.1372	28.7.1372
16.10.93	20.10.93

Dear Sirs:

My attitude toward this workshop is quite positive. I appreciate it. I hope IAHC could carry out further workshops in the future on pathology of Ghazni. Workshops will not only mend the knowledge level of the doctors but they will directly benefit the people of Ghazni as well.

Suggestions

1- In order to make better preparation for example in pathology of Ghazni,it will be useful if the topic is given several weeks,(even a month)in advance or be announced far away in advance,therefore the doctors will be able to complete their information for presentation.

2- It is not enough to involve only doctors in workshops,instead it will be more useful to broadcast the whole program by Ghazni T.V. so that all people watch it and the government authorities get involved in the program. When theysee it they will be stimulated to react for improvements and fulfil their obligations.

At the end I thank the director of IAHC and IAHC doctors a lot for undertaking the workshop in such difficult times in order to amend the health conditions of the people.
I hope you the best luck.

Regards

M.Arif Nida

پیدا شده و همچنان مردم ما که سمینار را از نزدیک ~~[illegible]~~ ...

~~مسئولین دولت دارند~~ و طرز زندگی و طرز فرهنگی و اقتصادی پائین داشتند

بدانند که مردم حقوق بسیار زیاد بالای مسئولین دولتی و صحی دارند تا بتوانند

بعد با مشاهده سلوک‌های از روی چنین سمینار که طالب حقوق گردیدند و

مسئولین محترم دولتی و مجامع ما را هرچه بیشتر متوجه وظایف حیاتی و مهم‌تر دانند ~~[illegible]~~

ناگفته نماند که در چنین سمینار که اکثر آمرین و مسئولین صحی از ولایات

های مهم خصوصاً اشخاص درجه اول از نظر مسئولیت اشتراک نمایند مؤثرتر خواهد بود

در اخیر از اینکه در چنین سمینار با اگر از قسم رشته های کمکهای صحی و پرستاری و داکتر صاحبان (I.A.H.C)

با یک عالم مشکلات در تهیه چنین سمینار که سهم گرفته و خدمت شایانی به خاطر بهبود

صحت مردم نمایند من جانب هر یک شان تشکر مینمایم. و از خداوند بزرگ برای کارمندان

پرسونل (I.A.H.C) موفقیت های مزید میخواهم.

با احترام

[signature]

27/7/1372

دوکتور محمد عارف (ندا)

۶۲

اقدام دکتر صاحب ... ابراز .... !

روزها صمیمانه خوشحال میشود که نظریات و رشته دیگر خود را درباره تشکیل - جریان و خاتمه ورکشاپ علمی ((ایران - بیمارستان و حفظ الصحه)) تحریر و ارسال نمایید تشکر

تاریخ شروع سمینار ۲۳ - میزان - ۱۳۷۳ و ختم سمینار ۲۸ - میزان سال ۱۳۷۳

ملاحظه

نظریات ما در رابطه با تشکیل و جریان چنین سمینار که بسیار نیک و در جو صمیمانه تشکیل نموده. امید وار هستیم که در آینده های نزدیک پتالوژی ولایت غزنی چنین سمینار های علمی را دایر نماید تا از یک طرف در بلند بردن سویه علمی پرسونل صحی بوده و از طرف دیگر در اصلاح ساحات تحت پوشش (ولایت غزنی) عمل موثر نموده برای مردم شریف خود مصدر خدمت شویم

پیشنهادات

۱ - از اینکه ما بیشتر اسم مضمون درست روی پتالوژی ولایت خود مخصوصاً موضوع داده شده سمینار را از طرف [illegible] کنیم چون سمینار را قبلاً سنجیده شده و بیان نمائیم باید که موضوع سمینار چند روز قبل یا چندین هفته قبل تا [illegible] روی در کتاب صاحبان تحت راپور داده شود.

۲ - پیشنهاد ما بر علاوه این است که تنها توجه و کوشش داکتر صاحبان روی امراض که شیوع دارند متمرکز نخواهد بجا طوریکه هدف از مطرح موضوع داخل سمینار مفید و موثر باشد و نتایج قناعت بخش داده شود امید است ویدیوی از داخل سمینار گرفته و به تلویزیون غزنی به تماشا گذاشته شود لیکن غیر علمی که وظایف بیشتر را که مهم را در بازسازی شهر، دهات و قصبات مخصوصاً کمپاین [illegible] شهر و بعضی پروگرام های دیگر صحی دارند سر شد تا احساس مسئولیت

2- Diarrhoea

- A 39-page lecturenote was prepared on Diarrhoea.
- 50 copies of the lecturenote were made for distribution.
- A booklet with 31-page explanation of 24 diarrhoea slides (from Talc England) was translated.
- 50 copies of the translation were made for distribution.
- A video cassette by the name of FOR WANT OF WATER filmed in Africa on diarrhoea,sanitation,drinking water and socio-eco -nomical conditions of the people,was provided for display.

3- Public Health

- A 31-page lecturenote was prepared on sanitation and personal hygiene.
- 50 copies of the lecturenote were made for distribution.
- A booklet with 34-page explanation of 24 documentary slides (Talc England) of Breast feeding was translated.
- A video cassette by the name of HEALTH CARE BY THE PEOPLE filmed in Guinea with documentary information(scenes) on drinking water sources,latrines and spread of diseases.

By preparing the above instructional materials about 50 % of the program(workshop) was almost completed. After doing this, the 2nd stage of the program the application,was put into consideration in one of the provinces.(Helmand,Ghazni,Kandahar,Uruzgan)

As mentioned above,general situation in Afghanistan has been full of events and convulsions especially after the fall of Najibullah in April 1992. It was expected that the political change would bring about positive results and normality. Unfortunately, the conditions drove every Afghan to despair. The absence of a central government or regime in order to maintain security at province and district levels drove people to further despair. These unfavourable conditions made all humanitarian programs inside Afghanistan to stop or at least decreas gradually in quantity and quality. The rehabilitation process confronted long delay in all aspects even it postponed our workshop .

Questionaire :(IAHC prepared questionaire for the evaluation of the workshop).

Dear Dr.Hujjat

You are kindly requested to express your idea about/state your objection(s) to the procedure of the workshop(malaria ,diarrhoea and public health)and explain how you evaluate it.

Starting Date	Ending Date
24.7.1372	28.7.1372
16.10.93	20.10.93

With Regards to IAHC Authorities :

Since progress in medicine is tied up with social progress,and researches are made in all aspects of medicine to meet social needs,this workshop can be counted one of such activities to complete the urgent needs of medical workers and society ultimately. I am thankful for IAHC's undertaking the workshop in the field of malaria,diarrhoea and public health. It was an actual initiative. All doctors participated in this workshop. Some heard and some listened;both sides benefitted a lot. I expect IAHC to undertake more workhsops on other diseases in the future.

Regards

Dr.A.Ahad Hujjat

قلم دکتر حسن نجفی . ۳۰ آذر ماه ۷۲

روزنامه صحت خوشحال میشود که نظرات و رهنمودهای خود را درباره تشکیل جریان و
خاتمه دوره کنفرانس های طبی (دوره - اسهال و حفظ الصحه) تحریراً به روزنامه ارسال نمائید تشکر

تاریخ شروع سیمینار ۵ - ۳ - میزان - ۱۳۷۲ ختم سیمینار ۲۸ - میزان - ۱۳۷۲

به مقام محترم ریاست (I.A.H.C) السلام علیکم و رحمت الله و برکاته !
از آنجائیکه طبابت بنابر تکامل جامعه رو به تکامل است و در عصر ما عرصه های حل مطالعات عمیق
روی ضرورت جامعه بشری تحول آورده، بنابراً تشکیل سیمینارها و کنفرانس ها ضرورت
مبرم به مشاغل طب را احتوا میدارد، از اینکه هر گونه تماس های صحی از رهنمودهای موفق به این اتفاق
گردیده و توانست که دوکتوران صحی ما روی موضوعات امراض اسهالات - اسهالات و
حفظ الصحه در ریاست صحت عامه در اثر سعی و توجه عالمانه مقامات محترم قبلاً سیمینارش گردد
ریاست اشتراک دوکتوران و سایر کارکنان صحی صحت عامه در این سیمینار عالی نوید بخش
وظایف شان در عرضه خدمات صحی به مردم شریف ولایت ... بوده و توانستند نظرات
و تجربیات شان را ابراز و هم معلومات های تازه و مکمل را از جمع مسلکان
اداره I.A.H.C بشنوند و بنا هدف این نو آوری بود که به شیوه فنی و مسلکی در
تنویر افکار در بخش امور صحی نتیجه و با موفقیت خیلی عالی داشته و جریان در سه
... صمیمانه توجه داریم که مقامات محترم اداره کمک های صحی اسلامی در هم کمک
... امراض در آینده نیز دایر به انتخابات شان افزوده باشند دوام
وظایف شان را با موفقیت بیشتر در پیش انجام داده باشند
و تشکر من

Questionaire: (IAHC prepared questionaire for the evaluation of the workshop)

Dear Dr.Mahtab Fuje

You are kindly requested to express your idea about/state your objection(s) to the procedure of the workshop(malaria,diarrhoea and public health) and explain how you evaluate it.

Date Started	Date Ended
24.7.1372	28.7.1372
16.10.93	20.10.93

Amswer(s)

I express my thanks to the director of IAHC first.

I believe such gatherings are valuable/useful and rational. I wish workshops could be held all over Afghanistan to know about the problems of the people who are deprived of health facil -ities. Workshops help to remove obstacles and open the way for progress. I state my views as follows :

1. Women should be taken care of for they are forming one half of the national wealth. An MCH clinic will be very useful if be opened in Ghazni to look after women during preganancy,delivery etc . Health education can easily be given women in care of MCH program.

2. Health education be given by health workers who will teach people how to take care of their families and children regard -ing sanitation and personal hygiene.

3. In Afghanistan,after fourteen years of war people are displaced; they are poor and foodless;they are affected by diseases. When the level of life diclines, it affects sanitation and personal hygiene. Most of the health problems result from malnutrition. It will be essential if IAHC could provide clothes and food for these poor and helpless people.

4. It will be practical if IAHC could pay attention to the sanitation of the city. Prevention of contagion is possible through restoring the sanitation in the city or locality.

Note: MCH of IAHC inGhazni was established in 1991 and progressed or promoted to a maternity clinic in 93. It is stationed in IAHC clinic in Asphendai village in Ghazni.

کرمان اخیر مردم آواره و محروم گشته و از نظر اقتصادی در فقر و تنگدستی و گرسنگی بسر

می‌برند و همین تنگدستی و گرسنگی موجب شده امراض مختلف شیوع پیدا کند و وقتی اقتصاد پائین

شد سطح حفظ الصحه پائین می‌آید و می‌دانیم در منطقه اکثریت امراض می‌توانند شدید و تنفسی [illegible] باشد

اگر در این زمینه کمکهای آذوقگی و غذائی و پوشاکی از طرف مرکز صحی برای مردم شود بهتر است

۳- توجه به حفظ الصحه شهر به بدین وسیله می‌توان از امراض ساری وقایه نمود

با احترام

داکتر [illegible]

[illegible] دوکتوره [illegible]

[illegible] خودش هستید که نظریات و پیشنهادات خود را درباره تشکیل جدید [illegible]

[illegible] ورکشاپ های (ملاریا - رشد اطفال و حفظ الصحه) تحریراً ارزیابی نمایید بسیار تشکر

تاریخ شروع سیمینار: ۲۶ - میزان - ۱۳۷۲ ختم سیمینار ۲۸ - میزان - ۱۳۷۲

تشکر و سپاسگزاری از رئیس کمیته های صحی اسلامی که اینگونه مجالس ارزنده و مفید و معقول را طرح و اجرا می نمایند هرچه خوب است که اینگونه سمینارها در ولایات کشور افغانستان برگزار گردد از سر دلسوزی زندگی مردم آگاه شده و از کمکهایی که برای جلوگیری و تشخیص امراض در میان مردم محروم می توان و با خبر شده [illegible] خارج از این سمینارها بتوان گره های کور جامعه را در جلو پیشرفت مردم را گرفته باز نموده و بتوان راه صعود هرچه بیشتر جامعه را به سوی تمدن و ترقی گشود و اما طبق خواسته ای که شما از ما داشته اید من خودم نظریات خویش را به قرار ذیل مبذول می دارم

- رسیدگی هرچه بیشتر از خانم ها که نصف سرمایه یک کشور را شامل می شود کلینیک MCH تشکیل شود بسیار مفید است زیرا این کلینیک می تواند تا آنجایی که افغانها در اختیار بگیرند تا آنجایی که قدرت و توان موجود باشد که مشکلات خانمهای حامله رسیدگی نماید و پیشگیری از اتفاقات ناگوار در حین وضع حمل جلو آن را گرفته و همچنین می توان از این طریق [illegible] را برای حمایه طفل و مادر توصیه کرد

[illegible] در سال 1991 [illegible] MCH [illegible] 1993 [illegible] (IAM) [illegible]

- تشکیل [illegible] از طریق کارکنان صحی برای فهماندن حفظ الصحه شخصی و محیطی به مردم

- چون در [illegible] محروم افغانستان خصوصاً در طی این چهارده سال انقلاب و بالاخص

[illegible]

Translated From SANAI newspaper

A MEDICAL WORKSHOP IS HELD IN GHAZNI PUBLIC HEALTH DEPT.
(About malaria,diarrhoea & public health)

Ghazni

A medical workshop about malaria ,diaarhoea and public health was held in Ghazni Public Health Department by IAHC with the cooperation of that department. Our reporter says that the program started with recitation of a few verses from the Holy Quran by a respected Mawlavi named Shirjan. Afterwards Dr.Khanaqa Khashi member of the Jihadi Islami Council and Ghazni Public Health Director, offered his speech about the importance of medical work -shops, the struggle and hassels of doctors and scholars in this regard, in the light of the Islamic Revolution. He called the workshop a valuable effort at Ghazni province level. Dr.Khashi added that the service of doctors during the past 14 years have is appreciable;doctors are treating the physical and corporal diseases whereas the Olamas(Mullahs)are treating the spiritual and abstract problems of the people. In the present conditions doctors assume the most difficult task which needs a lot of energy and efforts to cope with the existing health problems

Afterwards Dr.Abdul Baqi Haqani, the director of IAHC gave his speech and explained the reasons of undertaking medical workshops. In his speech he said that the cause of these increasing health problems should be identified and attampts be made to find solut -ion for them; a solution that could be obtained through an exchage of information and co-ordination of hassles. He added that the 14-year war and destruction have been the outcome of the former successive communist governments. It is for doctors and specialists to make the amendment and obtain reasonable solution for the problems existed.

Dr.Haqani continued that the workshop had been aimed at reviving scientific movement in the field of medicine; a movement that had been stagnant for 14 years. The doctors he said are expected to harmonize their ideas in order to find the way through difficulties and reach the point to identify the cause of the problems that are supposed to be solved. Dr.Haqani added that death rate in the country at the time had been unfortunately high -er than in any other country in the world.Ways should be sought to decrease the contagion and spread of diseases, and their offensive outcome the high death-rate. To achieve this goal, he said, the valuable notions of doctors and specialists are needed. Dr.Haqani said that his organization had sent 6 tons of medicine to Ghazni during the past one year, unfortunately it had not help -ed to control the spread of diseases. Finally it was realized that only medicine can not solve the problems but the exchange of information and share of experience among doctors, together with the proper use of medicine would possibly help to prevent the spread of diseases.

After that,doctoress Mahtab, incharge of obstetrics read her article.

At the end [illegible] avi [illegible] gav[illegible] s speech [illegible] plain[illegible] the importance of [illegible] cine [illegible] ole o[illegible] ctors i[illegible] am.He [illegible] manded that doctors [illegible] e for people ac[illegible] ng to [illegible] Is[illegible] God and his Prophet Moham[illegible] has said. They s[illegible] d try to a[illegible] il [illegible] m [illegible] lves of virtues, bo[illegible] in this world and to[illegible] w(the nex[illegible]

Our reporter says that the workshop w[illegible] l take 3 days. [illegible] lamas, commanders official members of different organs(govnt) showed up in the opening ceremony. Members of IAHC mission and the medical staff of the public health department(Gazni)are the participants of this medical workshop.

* * *

یک ورکشاپ طبی ملاریا اسهالات

و حفظ الصحه در صحت عامه ولایت غزنی افتتاح گردید

غزنی!

– ورکشاپ طبی ملاریا اسهالات و حفظ الصحه مرکز کمک های صحی اسلامی به همکاری ریاست صحت عامه ولایت غزنی در آن ریاست طی محفلی افتتاح گردید. به خبرنگار جریده گزارش یافته محفل مذکوره با تلاوت آیاتی چند توسط محترم مولوی شیرجان آغاز یافت بعداً محترم دوکتور [illegible] آقا شاه عضو شورای [illegible] اسلامی و رئیس صحت عامه پیرامون اهمیت تدویر ورکشاپ های صحی و کار خدمات دوکتوران و متخصصین در پرتو انقلاب اسلامی توضیحات داده افتتاح ورکشاپ علمی صحی را یک گام ارزنده و مثبت در سطح ولایت غزنی خواندند. دوکتور خان آقا شاه در قسمت دیگری از بیانیه خود از خدمات دوکتوران طی سالهای جهاد یادآوری نموده افزود: دوکتوران که شفادهنده امراض ظاهری مردم و علماء شفادهنده باطنی مردم اند در شرایط حساس کنونی وظایف و رسالت های مهم بدوش دارند که باید با تمام انرژی کار و تلاش کنند و با تبادل نظریات طبی بیشتر از پیش به خاطر امحای امراض جد و جهد نمایند. متعاقباً دوکتور عبدالباقی حقانی رئیس مرکز کمک های صحی اسلامی در رابطه با هدف از تدویر سمینار ورکشاپ طبی صحبت نموده علاوه کرد هدف این سمینار این است که علت شیوع مرض های روز افزون فعلی در غزنی را یافته و به منظور بحران تبادل تجارب علمی متخصصین دوکتوران باید پرداخته شوی افزود امروز ضرورت مبرم به این است که چه قسم خرابی های کشور و دردهای ما ملت مردم را که میراث رژیم های کمونستی است ترمیم و راه های معقول را برای حل مسایل صحی با تبادل تجارب علمی دوکتوران و متخصصین پیدا نمایند

محترم دوکتور حقانی علاوه کرد همچنان هدف از سمینار این است که یک تحرک علمی را که در طول سالهای جنگ در کشور به سکوت مواجه شده بود بار دیگر در ساحه طب و طبابت بوجود بیاوریم تا دوکتوران نظریات خود را طوری عیار کنند تا علت اساسی امراض درک و راه بیرون رفت آن جستجو گردد رئیس مرکز کمک های صحی اسلامی افزود: امروز متاسفانه در اثر جنگ و ویرانی [illegible] سالها گذشته میزان مرگ و میر در افغانستان بیشتر از هر مملکت دیگر جهان است باید جلو

(ص ۳)

اسلام پدی شاور دکی حاکم ارق

یک ورق کتاب ...



شیوع و نفوذ امراض با تبادل جلوگیری نماید .

نظریات دو کتوران ورزیده و متخصصین ما کرده شود موضوع اضافه نمود طی یک سال مقدار ارشتن دوا

برای ولایت غزنی ارسال نموده ایم ولی متاسفانه با وجود فراوانی دوا شیوع امراض مختلف در

ولایت غزنی بیشتر گردیده بعدا معلوم شد که از سال ها دوا نمی توانند جلو امراض را بگیرد بلکه تبادل تجارب علمی متخصصین دو کتوران و

کاربرد دوا در مجرای اصلی اش می توانند از گسترش امراض کولا کرون

بعد محترم ... دو کتور ... مسوول ... و ولادی ریاست صحت عامه غزنی مقاله خویش را در باره اسهالات و عامل آن به سمینار ارائه نمود.

در اخیر محترم مولوی شیرجان در رابطه با اهمیت طب و نقش دو کتوران از دیدگاه دین مبین اسلام بیانیه مفصل و همه جانبه ایراد نموده از دو کتوران تقاضا نمود تا به منظور خدمت به مردم بیچاره و ستم دیده کشور بشتابند. حکام خدا از زندی و شریعت غرای محمدی «ص» کار و تلاش کرده سعادت و افتخار

دنیوی و اخروی را کمائی کنند خبرنگار ... گزارش میدهد سمینار که مدت سه روز ادامه داشت در آن برخی از علما و دانشمندان جهادی مسوولین ادارات مختلف ولایت دو کتوران ... ها مسوولین ریاست صحت عامه و ولایت غزنی و ... کز کمک های صحی اسلامی شرکت نموده بودند.

«منانی»

شهر از این طریق جریان دارد مدیریت عمومی مخابرات در طی پنجماه گذشته سال روان در

بخش های پستی و مخابروی اما ایت خویش را چنین وانمود کرد

ترمیم دستگاه تلیفون یکصد لینه مرکز

ترمیم دستگاه تلیفون سی لینه بزازی

ترمیم دو پایه سوچبورد هشتاد لینه کلای سبز

ترمیم ۲۳ پایه تلیفون دوائر دولتی

ترمیم ۳۱۲ لین تلیفون که بنا از شارتی و قطع شدگی خراب بوده عندالموقع فعال شده است .

تمدید یک پایه تلیفون جدید در بخش پستی بسته صادره یک خریطه بسته وارده پنج خریطه مکتوب های رسمی وارده دو هزار قطعه نامه های شخصی داخلی و خارجی وارده یکهزار

قطعه مکتوب های رسمی صادره نهصد قطعه عواید مخابرات طی مدت متذکره مبلغ ...۱۰۰ افغانی را احتوا می نماید

نشریات تحریر تیلیفون دفتر مدیر (۲۵) (چاپ مطبعه دولتی)

مدیر مسئول ... (...) (ولایت غزنی)

AGENDA
SWABAC GENERAL MEETING

DATE : 24 November, 1993
Venue : Serena Hotel, Banquet Hall
Time : 09:00 hours
Chairperson : Eng. M. Younas (FRF)
Translator : M. Saeed Zwak (IAHC)

I. Call to order

II. Approval of the minutes of last General meeting 10 minutes

III. Announcements 10 minutes

IV. Reports from :

a) The SWABAC Office 07 minutes
b) The Representational Panel 03 minutes
c) Sub-Coordination Committees 05 minutes

V. OLD BUSINESS - Additions to the Agenda, if any

1. Activity Reports from: -

b) ARRA 10 minutes
b) ADA 10 minutes
c) CHA 10 minutes

VI. NEW BUSINESS

1. Discussion regarding Mr. Mousouris visit to SWABAC 30 minutes

2. Annual Budget information for 94 5 minutes

3. Chairman/Translator for General Meeting, 29 December, 93 03 minutes

VII. Short recess at 11:00 hours

Observer Section:

Reports and Discussions:

OBSERVERS

Adjournment.

4. NGOs activity reports

There was a suggestion in the previous SWABAC meeting that NGOs should present their activity reports during the General Assembly meeting.

The chair asked for a vote to make this a routine that some NGOs will report on their activities in every meeting. This was carried out with the following vote:-

FOR 24 Against 0 Abstained 0

It was decided that 4 to 6 NGOs will report on their activities at every General meeting. This will take effect from the November General meeting.

Report from IAHC

As announced in the September meeting, IAHC held a medical workshop with the cooperation of Ghazni Health Department. The workshop covered three areas of (Malaria, Diarrhoea and sanitation). A total of 50 doctors, nurses and other health workers working in Ghazni Civil Hospital and Ghazni Medical Department participated in the Workshop. The participants were including (12) female doctors and nurses as well. The Workshop took 5 days starting from 16th to 20 October. After the completion of the Workshop, the participants were awarded certificates of achievements.

The Workshop was welcomed by all participants and they openly expressed that this was the first Workshop in their area after 14 years of war and was a good opportunity to exchange ideas and experiences for both sides.

On the last day of the Workshop which was dedicated to assess and conclude what was the outcome of the Workshop, IAHC provided and promised to provide the following items to improve the status of Ghazni Civil Hospital and bring change in the sanitation system and reducing Malaria in Ghazni and the surrounding areas:-

- For an urgent solution to the absence of water supply system in Ghazni Civil Hospital, IAHC provided a water pump running by diesel engine to provide water to the whole hospital.
- After hearing from an experienced surgeon, who stressed on the worst state of the hospital wards especially of surgery which the government is not able to improve the hospital, IAHC promised that beds for surgery ward will be provided on the condition that the local authority repair and paint the hospital.
- For the prevention of common diarrhoea and availing safe drinking water, IAHC promised to provide 10 heavy duty water pumps on the condition that the community of Ghazni dig deep wells.
- As the Ghazni area is threatening point of malaria, IAHC promised to train 2 health workers to be introduced by Ghazni Civil Hospital and will provide them two motorcycles to collect slides and examine them in their laboratory.
- IAHC also approved the enlargement of its MCH programme and establish a ward of hospitalization for pregnant women equipped with 6 beds for delivery of cases. This MCH programme will be within IAHC's health projects premises in Espande village some 9 km south-east of Ghazni city.

Generally the Ghazni situation is OK, but chains within Zabul area were unpleasant. On our way back to Quetta, we counted 7 families with their assets repatriating from Pakistan from 12:30 PM to 5:30 PM.

According to the policy of IAHC each member of its staff has had specific function in their daily affairs . He must be quite conscious of any single affair; therefore, after the accomplishment of the first part of the workshop, the MTC considered the second part into consideration .(the application) MTC authorities started to make contacts with the IAHC members,engaged in the IAHC projects in Afghanistan, to study the situations for holding a workshop in their area and put the idea across to the local authorities in order to win their agreement in the event.

After studying the subjective and objective conditions of the four provinces MTC and IAHC decided to carry out the workshop in Ghazni first.

On 19 September 1993,IAHC sent its first mission to Ghazni. This mission consisted of four members, the MTC director,the OPD incharge,the Lab-incharge and the technical advisor of IAHC projects inside Afghanistan. The duty of the mission was to discuss the program with the local authorities and get their response to the circular letter IAHC had sent them before. After arriving in Ghazni the mission held 4 successive meetings with Ghazni Public Health representatives,local doctors,the local coucil of Ghazni Province and other related parties . After a period of 3 weeks the mission was able to convince all parties to agree to the program in Ghazni. The mission then communicated with IAHC in Quetta. After having been informed of the agreement,the general director of IAHC Dr.A.B.Haqani together with MTC teachers,EPI incharge,and the incharge of final reports for IAHC projects, set out for Ghazni on 11.10.93 . Soon after their arrival in Ghazni,they held a meeting with the director of Ghazni Health Dept. The two sides agreed on all points of the program.

IAHC has been sending urgent medical aids to Ghazni since July 1992 in order to help the Ghazni Civil Hospital to cope up with the health problems of the urban and rural population. Eversince IAHC has maintained friendly relations with most people in Ghazni province.



1- Inauguration of the Medical Workshop.





2- Lectures on Malaria, the first day of the
Medical Workshop.





3- Lecture on Malaria by a doctor working in Ghazni Civil Hospital, and below are the participants.





4- Lectures on diarrhoeal diseases by doctors on the second day of the workshop.





5- Naem Jam, a technician in IAHC laboratory in Ghazni, gives statistical report of their lab-work to the attendants(below).





6- Tea-breaks during the sessions.





7- Lectures on sanitation by Ghazni Civil Hospital staff on the third day of the workshop.





8- As sanitation is a major problem in the area, it was discussed by several doctors especially by lady-doctors who were more aware of the family health problems.





9- Lecture on sanitation by the Ghazni Health Dept Director and a view of a discussion with a participant (below).





10- Documentary films were shown after the end of each session about the concerned subject.

Below : Points of views on the evaluation of the program.



At the meeting between IAHC and the health director on 14.10. 1993, it was totally agreed that the medical cadre in Ghazni would take active part in the presentation of the workshop for malaria,diarrhoea and public health . The workshop was agreed to be held in Ghazni civil hospital. The integration of local doctors into the workshop would mean a scientific advancement, in which every scholar would take part without any type of prejudice. Espe-cially the medical cadre having much experience in the area would take important part in the presentation of the three determined topics,malaria,diarrhoea and public health. The exchange of ideas would eventually contribute to the solution of the existing medic-al problems in the area. It was also agreed that the workshop be started on 16.10.93 in one of the rooms in second floor of the civil hospital.

And now the main points of the agreement in details:

1. The workshop saloon : With the capacity of 70 audiences;

2. Refreshment Room : tables put aligned + covered with table-cloth

1. Workshop Saloon:

a. Furniture and requisites:

- the room be furnished with chairs/tables borrowed from IAHC clinic + Ghazni Public Health Dept.
- A T.V. set be borrowed from a female doctor incharge of IAHC MCH program in Ghazni Clinic;
- Video Cassette be borrowed from a member of IAHC clinic;
- Generator be borrowed from another volunteer:
- The slide projector already taken from MTC store in Quetta;
- Pens and notebooks already provided by IAHC from quetta;
- Writing board taken from MTC ;



11- Above: a scene of the day of evaluation.
Below: distribution of certificates to the
Ghazni Health Dept. director.





12- Distribution of certificates to other participants.





13 - Dr.Haqani distributing the certificates.



2. Refreshment Room:

- Furniture provided by the hospital;
- Kitchen utensils + teapots by the hospital;
- Cups + saucers provided by IAHC office in Ghazni
-

3. Transportation:

- A bus hired to take participants to and from workshop;

4. ORGANIZATION of the Workshop

According to the plan the program was organized as follows :

1. Timing (See days.)

2. Days explained as follows:

Days	Date	Subject
Day 1st	16.10.93	Opening Ceremony
Day 2nd	17.10.93	Malaria
Day 3rd	18.10.93	Diarrhoea
Day 4th	19.10.93	Public Health + Distribution of Questionnaire
Day 5th	20.10.93	Evaluation of the Workshop -Distribution of Certificates

5. Workshop Procedure

After a 14-year stagnancy the medical workshop has been the first social , scientific ,and professional gathering held in Ghazni. As a part of the plan, more chance had been considered for young doctors and medical cadre in the area. Workshops had never been held during the period of War, so it was difficult for young doctors to conduct a workshop. Therefore IAHC pioneered in a way to allow all medical workers in Ghazni to make the most of the workshop and undertake their own workshops/for their own benefits without the help of IAHC or other institutions.

The announcer of the workshop was decided to be one of IAHC's member. Besides being the announcer, he will also help in the translation of the films.

It was decided that the daily chairmanship of the workshop be entrusted to local doctors in alternation,to experienced ones and young ones and one day a young lady doctor should be appointed to preside the workshop.

It was agreed that after the opening the timetable for the presentation of the topics be made and doctors be chosen to present their topics.

Dr.Haqani was appointed as the general supervisor of the work-shop. In the following the details of the timetable are given.

Saturday 16.10.93 opening

9:30am	Recitation of the Holy Quran .
9:40am	Opening speech by Dr.Khashi(the director P.H.D Ghazni)
10:10am	Speech by Dr.Haqani.
10:40am	Dr.Hujjat P.H.D Ghazni.
11:10am	Dr.Mahtab Fuje P.H.D Ghazni.
11:40am	Refreshment.
11:55am	End

Sunday 17.10.93 Topic:Malaria(Causes,symptoms,signs,diagnosis,treatment,prevention)

Chairman: Dr.Khanaqa Khashi

Announcer: Mohd Saeed (IAHC)

Time	Consultant	Subject/Topic
9:00am	Dr.Amir Mohd(IAHC)	Information on malaria,Transmission diagnosis,Treatment
9:30	Dr.Hujjat(Ghazni) (Incharge of Mal.Dept)	Information on malaria in Ghazni -personal experience,course of treatment,Prevention(past)
10:10	Dr.Saed Ahmad Noori (IAHC)	Information on WHO/IAHC researches their conclusion,control and surveilance.
10:30	Dr.Nasrat(Ghazni)	Improper treatment in practic in Ghazni/negative consequences
10:45	M.Naem(IAHC Ghazni based lab.technician)	Information on the no. of patients referred/lab.tests/results/positive & negative/types of malaria diagnosed.

Sunday/malaria/timetable continued

Time	Consultant	Subject
11:00am	Refreshment	
11:15am	Dr.Muneer(Ghazni)	Progress of treatment after the establishment of IAHC Lab./Ghazni His personal experience in the field of malaria in the area.
11:45am	Video film	Growth/spread/transmission of the mosquito/parasite/signs/symptoms treatment/prevention
	Slides	Being the same as the film not shown.
1:00pm	Final discussion/consultation	
2:00pm	End	

Monday 18.10.93 Topic: Diarrhoea

Chairman: Dr.Hujjat

Announcer: Mohd Saeed

Causes/signs dehydration diagnosis/treatment prevention

Time	Consultant	Subject
9:00am	Dr.Noori (IAHC)	General information on diseases that cause diarrhoea/effects of electrolyte loss/imbalance in patients with diarrhoea
9:30am	Dr.Ghafoor Haidry (Ghazni)	Specific and personal experience in children with diarrhoea/ clinical properties
9:50am	Dr.Mahtab(F) Ghazni	Information on/spread/transmission Diarrhoea in females/children Negative consequences of bottle Feeding
10:10am	Dr.Zia Gul(F)(1) IAHC/MCH in Ghazni	Detailed information of the types of diarrhoea and bacillary dysent -ery.

1. F stands for FEMALE a lady doctor.

Monday Diarrhoea/continued

Time	Cnsultant	Subject
10:30am	Dr.Faqiri(Ghazni)	Personal information/observation on clinical signs of diarrhoea due to various factors in patients from different parts of Ghazni/regardful of drinking water
11:00am	Dr.S.Farid Abdal (Ghazni)	The currect techniques of treating children with dehydration(Ghazni)
11:20am	Refreshment	
11:45am	Dr.M.Arif Nida	Information on the percentage of diseases causing diarrhoea/factors in children and adults.
12:05am	Dr.Abdullah Bakht-yari(Ghazni)	Health education proper ways of ORS treatment
12:30	Video film	Health care by the people
1:10pm	Consultation	
2:00pm	End	

Tuesday 19.10.93 Public Health (Sanitation/Personal Hygiene)

Chairman: Dr.Nafisa(F)(1)

Announcer: Mohd Saeed

Time	Consultant	Subject
9:00am	Dr.Khashi	Negative consequences of the stagnation of sanitary activities/ Plan of the P.H.Dept Ghazni in this regard/
9:20am	Dr.Amir Mohd (IAHC)	Sanitation regarding general H. conditions + spread of diseases;
9:40am	Dr.Suraya(F)(1)	Sanitation in connection with education + spread of diseases in connection with illiteracy of housewives;

1. F stands for FEMALE, a lady doctor.

Based on the reports above,the occurrence of malaria and diarrhoea is unusually high. The ecological study of the two fatal diseases suggests that the cause of this increasing rise exists in the environment itself. According to the information gathered by IAHC from various areas of Helmand,Kandahar,Uruzgan and Ghazni,in diff -erent seasons of the year, the drinking water sources in both village and city areas are contaminated,which are identified the main causes of diarrhoea, typhoid and other diseases.

Another part of the WHO's report(Quetta 1991) confirms the above idea, saying that drinking water in most parts of Helmand is contaminated. Man and animal both drink water from the same source. This common use of drinking water inevitably causes acute and chronic GIT problems.

IAHC's report of 1992 again confirms the contamination of drinking water in Helmand in details. The ecological study of IAHC(especially the one made in 1990)in the recent years leadsto the following conclusion :

1 - Due to the contamination of drinking water, GIT problems have increased.

2 - Use of unpreserved food or vegetablesfound in the area(s) can cause acute and chronic diarrhoea.

3 - Non-observance of sanitary rules /personal hygiene is considered another cause of malaria/diarrhoea etc.

4 - Stagnation of sanitary activities during the past 14 years has been an important cause of the spread of most diseases including diarrhoea and malaria.

5 - At the time being, fulfilment of any valuble obligation regarding sanitation, in the absence of administrative center(s) will be hardly possible.

6 - Frequentation of people among neighboring areas has contri -buted to the spread and increase of malaria etc.

7 - Lack of programs for health education has been another impulsive factor of the increase of health problems.

Realizing these facts, IAHC pioneered and sought the remedy in undertaking medical workshops in malaria, diarrhoea and public health and applying them in the areas of its concern .

Holding medical workshops was identified a good opportunity for all health workers to exchange ideas in the field of medicine. On the other hand, such occasions would be helpful to harmonize attempts at solving the current medical problems. They would be able to find a solution that would serve a good message for the people.

Another reason for selecting malaria,diarrhoea and public health for the workshop was the simplicity of the subjects that could appeal to all classes of health workers including specialist doctors, MLHWs and paramedical workers. Any class of these health workers could apply the achievements of the workshop in their daily practice if any. Besides medical workers the subjects could be interesting even for city and village people. If the workshop necessarily achieved the desired results(as it did),IAHC would be able to select complicated subjects for next workshops.

THE RESEARCHES CARRIED OUT TO ASSEMBLE MATERIALS

After selecting the subjects of malaria,diarrhoea and public health, the MTC teachers started doing reseaarches about them. In their researches they employed various references. Besides the international resource-books, the teachers made the most of the reports made by WHO,IAHC and other organizations about Helmand,Kandahar,Ghazni and Uruzgan. After preparing sufficient materials for the workshop, it was time to think of the applica -tion of the program. Before that time it had been decided that wourkshop could be held in the four above mentioned provinces. It had also been decided that the public authorities in each of areas should participate in the presentation of the workshop. In this presentation more chance of presentation of the topics had been considered for local doctors, especially those who take charge of health services in the government side. These doctors are more familiar with their local problems than people from out-side .

A number of 50 participants including local doctors, nurses etc and IAHC medical workers had been considered to participate

in the workshop; therefore, 50 copies of each of the lecturenotes were made in order to give one to each participant. A number of 100 copies of the IAHC background were also made to be distributed among people to get acqainted with IAHC. The duration of workshop had thus been considered 5 days, the first day for the opening and the last for the evaluation of the workshop. The rest of 3 days had been considered for the main subjects : Malaria, Diarr -hoea, and public Health. The process of the workshop was considered to include distribution of lecturenotes followed by explanation and lectures. At the end of the day a series of relevant slides and a documentary film were considered for dis -play. It had also been decided that instead of spending much time on lectures or theoritical explanation more chance had been considered for the local doctors to indicate their clinical exper -ience they have gained throughout their work time. The MTC teach -ers were less aware of the problems of the people in the area than the local doctors. The theoritical information gathered in the lecturenotes however was not less valuable than the one presented by the local doctors based on their experience, as it contained new and fresh knowledge with relevant visual aids.

The next point of the plan was the security of the areas determined for the workshop. The area(s)should be safe enough to carry on the workshop under favourable objective and subject -ive conditions. Female health workers should be given a good opportunity for participation in the activity.

After the determination of an area,it's essential to send a preliminary medical mission to the area to communicate with the local medical and security councils, to assure IAHC of their agreement and co-operation, regarding accommodation and equipment needed for the program.

As mentioned before it had been decided that the workshop should not only depend on lecturenotes; it should be widely based on the information presented by the local doctors. The solution of the problems existing in their area can be only sought in the

indications of the local doctors or in the attainment they have gained through their daily practice. The lecturenotes may contain useful information but solving regional problems requires specific information. For instance a malaria specialist in the area knows about the type of malaria in that area. Moreover,he knows that the parasite has or has not became resistant to certain medicine. He is aware of the possibilities at his hands,or he knows about the sanitary situations of his environment. The sole purpose of the workshop ,to mention again,is to find a possible solution in the area itself with the co-operation of local doctors.

It had also been decided to raise the question of how the work-shop did,(or how do the participants evaluate it.)and how should it be in the future . This question should be raised in the end.

* * *

Islamic Aid Health Centre
I A H C

M.T.C. Progress Report.
Medical Workshops —
Inside Afghanistan

Ghazni province

October 1993



Prepared by: I.A.H.C. Mission for Medical Workshop (M.W.S)

CONTENTS

INTRODUCTION

The medical training course(MTC) of the Islamic Aid Health Center(IAHC) was established in (Quetta,Pakistan) 1987 and continued through 1990. During this period, the course graduated 85 MLHWs(mid-level health workers),who are still working in the medical projects of IAHC in Kandahar, Helmand,Ghazni and Uruzgan.

The basic Medical Training Project(MTC) of IAHC finished at the end of 1990 and in 1991,as it had been planned, the MTC started refresher training program,which continued until August 1992. Students with assenting records(work/results)were enrolled in this training session. In this training session 64 MLHWs were refreshed.

In August 1992, the course started a basic lab-training course and by the end of 1992 it trained 10 lab-technicians who would satisfy the need of IAHC's projects. The training of lab-workers enabled IAHC to establish laboratories, one in each of its projects.

By the end of 1992, the medical projects of IAHC had been saturated with MLHWs,paramedical workers,medical supplies and instruments. At the end of 1992 regarding the medical problems inside Afghanistan, IAHC decided to initiate a program that was aimed to create a sense of co-operation among local medical staff on one side and IAHC on the other. The scientific study of medical problems in the area by the local doctors and IAHC was meant to establish a co-operative line between the two sides. Joint efforts were considered to contribute to the process of solving certain medical problems.

By putting forward this idea to the local medical cadre, IAHC realized that it was essential to undertake medical workshops , in which each side could play an important part.

Therefore it will be wise to say that the year 1993 was a year of conducting medical workshops for the Medical Training Course of IAHC to hold inside Afghanistan.

Dr A. B. Haqani
Director IAHC.



Programme of Medical Workshops

The purpose of undertaking medical workshops in Kandahar, Helmand,Uruzgan and Ghazni in 1993 was:

At the time of war the despatch of medical supplies,the establishment of basic health centers inside Afghanistan and short-term medical training courses in Pakistan altogether had been a matter of great urgency. It was one the negative effects of war that during this period contacts with local health workers about certain medical problems were hardly available. Exchange of ideas for the solution of certain medic -al problems was a difficult or even impossible task.

Reports by WHO,UNICEF etc. say that social situations, regarding health and medicine,are not satisfactory. The short-term medical training programs(3,6,9 monthly)undertaken by various charitable institutions along with clinics,hospitals etc. inside Afghanistan supported by these charities has originated these unfavourable conditions. For instance,WHO's report of 1992 says that,only in Ghazni,these institutions have employed 485 health workers. These Health Workers include 104 BHWs(Basic Health Worders),16 dental technicians,43 First Aids workers, 28 lab-technicians, 4 leprosyH.W ,30 MD doctors, 8 medical students(Kabul UNV),134 MLHWS(trained in Pak),40 nurses, 4 pharmacists,one TB worker,55 vaccinators, 2 veterinary workers and 4 X-Ray technicians.

During the past 14 years these medical and paramedical workers have really helped the war stricken people but they have created new medical problems as well. During the period of war the Kabul Regime gradually lost control over distant areas. The people conclusively gave up the support of government regarding medical service and other benefits.

The spread of diseases,the lack of medicine and doctors induced charitable instutution to undertake an urgent medical program, training health workers and establishing clinics,in order that they could assist war wounded and common people living in the

area controlled by Mujahidin,by sending them planty of medical aids. Unfortunately,the MLHWs proceeded as perfect and graduate doctors to treat people in the area. The wrong diagnoses and the random treatment they applied,origninated today's new problems. For instance,antimalaria medicines and antibiotics were adviced without lab-test results, and the course of treatment was not considered important either. As a result the parasite of malaria and certain microbes became resistant to the medicines. Moreover, the abuse of antibiotics with incomplete doses contributed to the epidemicity of certain bacterial diseases. Due to the lack of medical supervision, medcines are now sold in village and street -shops. Medicine and medication became a popular business. Now even shopkeepers can prscribe medicines.

Health services in both sides (Govt & Opp)almost stopped. Consequently the diseases became persistant and epidemic. This common abuse of medicines is the creator of the present day unfavourable situations.

The next important reason for undertaking workshops was to collect original information during the exchange of ideas between IAHC and the specialist doctors in the area. Such information was understood to be quite useful for the solution of certain health problems. It would help IAHC to equip its projects according to the real needs of the projects and avoid un-necessary expenses. Holding medical workshops would also gave an opportunity to the medical cadre in the area to explain their problems and offer their suggestions. By taking their suggestions into consideration,IAHC would be able to change the projects from a private state into a communal state. By giving a chance of participation to the medical cadre in the area,the projects will change from a state of isolation to a public state. Gradually, the decisions taken on the project programs will be decentralized.

The sole purpose of the medical workshops is to retrieve a sense of scientific co-operation among medical cadre which is supposed to be not influenced by the political practice of the day.

The reasons for determining Malaria
-hoea and Public Health for
Workshop

The subjects Malaria, Diarrhoea and Publich Health were determined for workshop on the basis of the reports issued from WHO UN (About Helaman and Ghazni) and IAHC which narrate a rising occurrence of the named diseases. The reports that IAHC received from i- clinics inside Afghanistan also say that the occurrence of Malari- -nd Diarrhoea is increasing year by year. The following statist-s has been taken from IAHC research notes.

	Ghazni	Helmand	Kandahar	Uruzgan
Malaria	0.91 %	6.08 %	7.11 %	5.79 %
Diarrhoea	12.71 %	13.93 %	17.05 %	12.11 %

Based upon the above statistics, IAHC sent a mission composed of MD doctors to the areas where their clinics are located. Kand-ahar and Ghazni were thoroughly studied by IAHC doctors.

Another mixed mission, composed of IAHC and WHO Peshawar, went to Helmand and Kandahar to survey malaria. Their work report con-firms the above statistics. Malaria and Diarrhoea as the report says, are widely spread in the area.

WHO Quetta, has also released a statistic report on Helmand and Kandahar, which indicates an increasing spread of Malaria and Diarrhoea in the two provinces. The following table has been taken from WHO Quetta report which was released at the end of 91.

	Kandahar	Helmand
Malaria	23.13 %	19.25 %
Diarrhoea	45 % summer	12.5 %